University of Louisville

Periodic Animal Contact Health Survey

Please select <u>one</u>: ◯ ***Initial*** ◯ ***Routine 3 Year*** ◯ ***Interval Change***

<u>Options for survey submission:</u>

1. Via email to Campus Health Services with the subject line "Animal Contact Health Survey": immunize@louisville.edu.

2. Via fax to the Campus Health Services' Health Sciences Center Office: 502-852-6649.

<u>NOTE</u>*: Health Surveys may take 5 or more business days to process and review. It is recommended that a new health survey be submitted at least 2 weeks before the 3 year expiration date. A new Health Survey should also be completed whenever there are significant changes in either your workplace environment or medical history.*

Questions? Contact: Stacy Cantrell, 852-6899

<u>Identification Information:</u>

Name: _____
First *Middle* *Last*

Employee ID Number: _____ **Date of Birth:** _____

Status: UofL Student: ☐ Resident/Fellow: ☐ Staff: ☐ Faculty: ☐
Other: ☐ Please explain: _____

Supervisor: _____

Primary Office/Bldg.: _____ **Room No.:** _____

Home Dept./ School: _____

Departmental Phone: _____

Research Site: _____ **Room No.:** _____

Sponsoring Dept.: _____

Research Site Phone: _____

Cell Phone: _____ **E-mail:** _____

Health Services Office Use ONLY

Received Health Services: _____ (Initials) _____ (Date)
Reviewed by: _____ (Initials) _____ (Date)
Cover Page FAXed to ORS: _____ (Initials) _____ (Date)

The Periodic Animal Contact Health Survey is composed of ***two*** sections:
Section 1: You and your supervisor will outline job-related risks.
Section 2: Your personal medical history will allow the Campus Health Office to fully complete an individual risk assessment.

SECTION 1: Job-Related Risk Assessment

You should review the following questions with your supervisor to determine the most appropriate answer and to determine whether or not some situations may change in the near future.

1. Describe the type and extent of animal contact that you have currently:

Animal species	Contact Hours/Month		
	Less than 5	Between 5 and 20	More than 20
Mice	☐	☐	☐
Rats	☐	☐	☐
Gerbils	☐	☐	☐
Tree Shrews	☐	☐	☐
Hamsters	☐	☐	☐
Rabbits	☐	☐	☐
Dogs	☐	☐	☐
Cats	☐	☐	☐
Cows	☐	☐	☐
Goats	☐	☐	☐
Sheep	☐	☐	☐
Guinea pigs	☐	☐	☐
Fish	☐	☐	☐
Pigs	☐	☐	☐
Other: _____	☐	☐	☐

2. Do you work with pregnant sheep or goats?
   ☐ Yes ☐ No

3. Do you use or collect wild type mammals (*e.g.,* conduct field studies)?
   ☐ Yes ☐ No
   If yes, please describe:

4. Do you use organic solvents such as benzene, chloroform, toluene, methylene chloride, formalin, or other organic solvents?

❑ Yes ❑ No

If yes, please describe:

5. Do you routinely use N95 respirators or Powered Air Purifying Respirators (PAPRs)?

❑ Yes ❑ No

If yes, please describe:

6. Do you use anesthetic gases such as enflurane, isoflurane, nitrous oxide, methoxyflurane, halothane, ether, or other anesthetic gases?

❑ Yes ❑ No

If yes, please describe:

7. Please list any biological agents that you are currently using (including the genus and species if appropriate)?

☐ Viruses Types: _____
☐ Fungi Types: _____
☐ Bacteria Types: _____
☐ Protozoa Types: _____
☐ Other Types: _____

8. Do you use human tissue or body fluids?

❑ Yes ❑ No

If yes, please describe:

Additional Information or Comments:

SECTION 2: Personal Medical History

Participation in the Individual Risk Assessment:

☐ I wish to participate in the individual risk assessment. I understand that, ***upon my consent***, select answers may be shared with the Department of Environmental Health and Safety for the purpose of identifying and controlling potential exposures. Otherwise, this information will be kept ***strictly confidential*** by the Health Services physician (Dr. Phillip Bressoud or his designee), who may contact me to discuss my individual risk assessment.

☐ I have been advised that it is recommended that I participate in the individual risk assessment, but I have voluntarily decided NOT to participate.

Signature: _____ **Date**: _____

9. Past Medical History *(check all that apply)*

☐ No history of medical issues, surgery, or hospitalization
☐ Diabetes
☐ Hypertension
☐ Lung disease
☐ Other medical conditions (list): _____
☐ Cancer
☐ Seizures

Have you ever had surgery?

☐ Yes ☐ No

If yes, please describe:

10. For female participants, are you currently or planning on becoming pregnant within the next three years?

☐ Yes ☐ No

11. Do you have animals at home?

☐ Yes ☐ No

If yes, indicate types:

☐ Mouse
☐ Rat
☐ Gerbil
☐ Hamster
☐ Guinea pig
☐ Other (list): _____
☐ Rabbit
☐ Dog
☐ Cat
☐ Cow
☐ Horse
☐ Sheep
☐ Goat
☐ Non-Human Primate
☐ Pigs
☐ Fish

12. Allergies, Atopy, and Asthma

a. Have you ever been diagnosed with allergic rhinitis (runny nose, sneezing, etc.), atopic dermatitis (allergic skin disease), or asthma?

❑ Yes ❑ No

If yes, please describe:

b. Do you have any allergies such as to foods, plants, or animals?

❑ Yes ❑ No

If yes, please describe:

c. Are you allergic to any medications or drugs?

❑ Yes ❑ No

If yes, please describe:

d. Are you allergic to any materials such as latex, rubber, or nickel?

❑ Yes ❑ No

If yes, please describe:

e. Do you require medication for allergies such as running nose, sneezing, itchy eyes or asthma?

❑ Yes ❑ No

f. Do you have any specific allergies to animal dander or protein?

❑ Yes ❑ No

If yes, indicate types:

Species	Type of Reaction (check appropriate box): Rash	Wheezing	Itching	Tearing	Other (describe):
Mice	☐	☐	☐	☐	_____
Rats	☐	☐	☐	☐	_____
Gerbils	☐	☐	☐	☐	_____
Hamsters	☐	☐	☐	☐	_____
Guinea pigs	☐	☐	☐	☐	_____
Rabbits	☐	☐	☐	☐	_____
Cats	☐	☐	☐	☐	_____
Dogs	☐	☐	☐	☐	_____
Tree shrews	☐	☐	☐	☐	_____
Cattle	☐	☐	☐	☐	_____
Goats	☐	☐	☐	☐	_____
Sheep	☐	☐	☐	☐	_____
Pigs	☐	☐	☐	☐	_____
Fish	☐	☐	☐	☐	_____
Other*	☐	☐	☐	☐	_____

*List other species:

g. Do you believe you have become allergic to any animals that you use in your research?

❑ Yes ❑ No

If yes, please indicate which animals and the type of allergic reaction you are having:

13. Are you having trouble with your eyes during research activities involving animals?

❑ Yes ❑ No

If yes, please describe:

14. Do you currently have any illnesses that compromise your immune system, or are you taking any medications, such as chemotherapy (*e.g.*, cyclophosphamide, anti-tumor necrosis factor) or other immunosuppressive medication that may reduce the effectiveness of your immune system, which may make you more prone to diseases during research activities involving animals?

❑ Yes ❑ No

If yes, please describe:

15. Are you currently under the care of a physician, or regularly see a physician or other healthcare provider, for any medical condition?

❑ Yes ❑ No

If yes, please describe:

17. Please list *all* medications including the dosages that you are currently taking

Medication	Dosage	Frequency	Notes
dsfasd			

18. Do you currently or have you required specialized accommodations (dust masks, surgical masks, N95s, PAPRs, ventilators, hoods) in order to work with animals?

❑ Yes ❑ No

If yes, please describe the specific type of equipment and for what applications or purposes:

19. Do you use or have you used tobacco products?

❑ Yes ❑ No

If yes, please describe:

❑ smoke cigarettes ❑ smoke pipe ❑ chew tobacco products

❑ smoked cigarettes or used other tobacco products in the past

20. Since you last completed a Periodic Contact Health Survey, if applicable, have you had any NEW medical problems?

❑ Yes ❑ No

If yes, please describe:

21. When was your last tetanus shot?

❑ Within the last ten years

❑ More than 10 years ago

Additional Information or Comments:

I have truthfully answered the questions to the best of my abilities.

_____ _____

Signature *Date Signed*

Thank you for completing this health survey. Please verify that you name and date of birth are written on the bottom of each page. After your health survey has been reviewed, you will receive written health risk assessment based on your type of exposure.

Options for survey submission:

*Fax and email are the recommended methods of submission as delivery is instantaneous; campus mail may take up to a week or longer to arrive.

1. *Via email to Campus Health Services with the subject line "Animal Contact Health Survey": immunize@louisville.edu.

2. *Via fax to the Campus Health Services' Health Sciences Center Office: 502-852-6649.

3. Via campus mail in a sealed envelope labeled "Contact Health Survey" addressed to:
   HSC Campus Health Services
   401 E. Chestnut Street, Suite 110
   Louisville, KY 40202